

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 13809
Application ID: 09683713
Title of Invention: DOUBLE CONFOCAL SCANNING MICROSCOPE
First Named Inventor: Hilmar Gugel
Domestic/Foreign Application: Domestic Application
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Effective Receipt Date: 2002-02-06 
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Deposit Account Number: 500369
Deposit Account Name: Maria Eliseeva

TRANSMITTAL FORM

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Attorney Docket
Number:

21295-
40

Submission Type: Utility Patent
Filing

DOUBLE CONFOCAL SCANNING MICROSCOPE

First Named Inventor: Hilmar Gugel

SUBMITTED BY

Name: Maria Eliseeva
Registration Number: 43328
Electronic Signature Mark: Maria
Eliseeva Date Signed: 20020206

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	dec1.tif
declaration	dec2.tif
declaration	dec3.tif
bibd-transmittal	H5365USapds.xml

fee-transmittal
specification

H5365USfee.xml
spec.xml

Attached Image File(s):

dec1.tif
dec2.tif
dec3.tif

DRAFT - DECEMBER 2012

Comments:

EEGEE * DEEDEE

BRFG Docket No.: 21295/40
Client Ref.: H5365US

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventors, hereby declare that:

TYPE OF DECLARATION

This declaration is for a utility patent application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which patent is sought on the invention entitled:

TITLE OF INVENTION

DOUBLE CONFOCAL SCANNING MICROSCOPE

SPECIFICATION IDENTIFICATION

The specification

- is attached hereto.
 was filed on _____ and has U.S. Application Number _____
and was amended on _____.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact a business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

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FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 740

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

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Deposit Account Name: Brown Rudnick Freed & Gesmer

SUBMITTED BY

Authorized Name: Maria Eliseeva

Electronic Signature Mark: Maria Eliseeva

Date Signed: 20020206

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 16	103	\$ 18	0	\$ 0
Independent Claims: 1	102	\$ 84	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0